

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K49321** (8)

1. Corporation Name
MONI-MAR INTERNATIONAL, INC.



Principal Place of Business: **3033 N.W. 17TH STREET MIAMI FL 33125**
Mailing Address: **3033 N.W. 17TH STREET MIAMI FL 33125**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	12/05/1988		07/14/1995
4.	FEI Number	Applied For	
	65-0085739	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUINTANA, MARIA V.
3033 N.W. 17TH STREET
MIAMI FL**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Section 607.07(2) and Florida Statutes, the above named corporation validates this statement for the purpose of changing its registered office or registered agent for both the State of Florida and the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the requirements of section 607.07(2), Florida Statutes.

SIGNATURE: *Maria V. Quintana*

4/26/96

12	OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
1	TITLE	
2	NAME	PTD QUINTANA, MARIA V.
3	STREET ADDRESS	3033 N.W. 17TH STREET MIAMI FL
4	CITY-STATE-ZIP	
5	TITLE	<input type="checkbox"/> DELETE
6	NAME	SD QUINTANA, DIANA M.
7	STREET ADDRESS	3033 N.W. 17TH STREET MIAMI FL
8	CITY-STATE-ZIP	
9	TITLE	<input type="checkbox"/> DELETE
10	NAME	
11	STREET ADDRESS	
12	CITY-STATE-ZIP	
13	TITLE	<input type="checkbox"/> DELETE
14	NAME	
15	STREET ADDRESS	
16	CITY-STATE-ZIP	

13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	TITLE	
18	NAME	
19	STREET ADDRESS	
20	CITY-STATE-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-STATE-ZIP	
25	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26	NAME	
27	STREET ADDRESS	
28	CITY-STATE-ZIP	
29	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30	NAME	
31	STREET ADDRESS	
32	CITY-STATE-ZIP	
33	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34	NAME	
35	STREET ADDRESS	
36	CITY-STATE-ZIP	
37	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38	NAME	
39	STREET ADDRESS	
40	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, that I am a resident or holder of a license to reside in the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 13 of this report or on an attached written address.

SIGNATURE: *Maria V. Quintana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 591-9498

CR2E034 (12/95)